INTERNATIONAL TRADE ADMINISTRATION

NON-PAYROLL EFT EMPLOYEE ENROLLMENT FORM

EMPLOYEE INFORMATION

Name: (Required)	SSN: (Required)
Work Telephone Number: (Required)	E-Mail Address: (Required)
FINANC	CIAL INSTITUTION INFORMATION
Financial Institution Name: (Required)	
Financial Institution Address: (Required)	
9 Digit Routing Transit Number (RTN): (Required) (Also known as ABA #)	
Account Number: (Required)	Account Type: (Required) Checking Savings
Employee Signature: (Required)	Date: (Required)
The completed form should be maile	ed to:
Regular Mail National Business Center Products and Services Mail Stop D-2761, ITA P.O. Box 272025 Denver, CO 80227-9025	Overnight Mail National Business Center Products and Services Mail Stop D-2761, ITA 7301 W. Mansfield Avenue Lakewood, CO 80235-2230

Questions regarding this form should be directed to:

Name: Cathy Esterbrook

Telephone: (303) 969-2467 Fax: (303) 969-7781